

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure in connection with the Medical Cannabis Pilot Program Act, 410 ILCS 130 and 68 IAC 1290.	ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION MEDICAL CANNABIS PRINCIPAL OFFICER ATTESTATION FORM	SUPPORTING DOCUMENT AF-PO
<p>The applicant must have all principal officers sign this form. Only one form is required.</p> <p><i>In order for your application to be evaluated, the applicant must respond to each of the following questions:</i></p>		
1. I attest that if the proposed dispensing organization is issued an authorization, it will not operate until the dispensary is inspected and is registered by the Division to operate.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. I attest that if the proposed dispensing organization is issued a registration, I agree not to divert cannabis pursuant to 430 ILCS 130.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has a consultant assisted with the drafting, assembling or submission of this application? If yes, provide the consultant's business name and address. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Is the applicant working with a lobbyist and/or consultant? If yes, name the lobbyist and/or consultant. Name: _____ Address: _____ Name of the Firm: _____ Type of lobbying or consulting: _____	<input type="checkbox"/> Yes <input type="checkbox"/> Lobbyist <input type="checkbox"/> Consultant	<input type="checkbox"/> No
5. Does the applicant agree that it will communicate directly with the Division, and that it will not communicate exclusively through a consultant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does the applicant agree to respond to the Division's requests for supplemental information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Does the applicant agree to promptly disclose material changes in the application and/or the financial information provided to the Division?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Has the applicant examined the application and all supporting documents submitted to confirm that, to the best of its knowledge, the application is true, correct, and complete.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Does the applicant confirm the proposed dispensary location is in compliance with local zoning ordinances.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Does the applicant confirm that it completed the zoning form to the best of its ability and all information provided in the form is true and correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Does the applicant confirm that the proposed dispensary property line is more than 1,000 feet from the property line of any pre-existing private preschool or elementary or secondary school or day care center, day care home, group day care home or part day child care facility.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Has the applicant contacted the Illinois Department of Children and Family Services (DCFS) to confirm that the proposed dispensary location is not within 1,000 feet of the property line of any preexisting facility licensed by DCFS and as identified in Section 130(d) of the Act, including but not limited to in-home day care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Does the applicant understand that if issued a registration, its duty of ongoing disclosure continues throughout the registered period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Does the applicant agree to allow the Department to make reasonable revisions to the security plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

15. Does the applicant plan to, or has the applicant applied for, a permit to operate a cultivation center in Illinois? If yes, please identify the ISP District or Districts. ☐ Yes ☐ No

16. Does the applicant confirm that it has listed any and all dispensary backers and there are no individuals with more than a 1% interest in the dispensary who is not listed as a principal officer or dispensary backer? ☐ Yes ☐ No

Principal Officer Printed Name

Signature

Date

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